PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10054185

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			101				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	20 minus 20=		. 9			X\$ 9=	81	OR	X\$18=	
IND	EPENDENT CL	AIMS	7 minus 3 =		* 4			X42=	168	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL	619	OR	TOTAL	
	С	LAIMS AS A	- PAR	ART II						OTHER THAN		
		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE
	Total	· 32	Minus	** 2	9	- 3		X\$ 9=		OR	X\$18=	
	Independent	* %	Minus	***	Z CLANA	= /		¥3 X 42 =	Rid	OR	X84=	
L	FIRST PRESE	INTATION OF M	ULTIPLE DE	PENDEN	I CLAIM			+140=.		OR	+280=	
	,							TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	Minus	**(=	3)	=		X\$ 9=		OR	X\$18=	
	Independent	* U	Minus	***	8			X42= .		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280≃	
						. — — -	. 1	TOTAL ADDIT. FEE		25	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER NOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** ~		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		a .		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280= TOTAL	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	mber Previously Pa	id For" (Total o	r Indepen	dent) is the	highest number	er fou	ınd in the app	propriate box	k in co	lumn 1.	